

CHECKLIST FOR APPLICATION PACKAGE FOR NON-PRICING ADULT CARE INSTITUTION

| Form or Document | Requirement | Is Form or Document Enclosed? (Yes or No) |
|--|--|---|
| HS-1964C Application Form | Must be completed for the feeding site that will participate in the CACFP. | |
| Budget | Must be completed for the feeding site that will participate in the CACFP. | |
| Documentation of Adult Care License | Must provide a copy of current license to provide adult care for the feeding site to participate. | |
| Income Eligibility Application for Free and Reduced-Price Meals | Must use sample application form or submit another form for DHS approval. | |
| Income Eligibility Guidelines for Reduced-Price Meals | Must be attached to the parent or household letter. | |
| Income Eligibility Guidelines for Free and Reduced-Price Meals | Must be attached to the public news release and used in determining a child's free or reduced-price meal eligibility. | |
| Parent or Household Letter | Must use sample letter or submit another letter for DHS approval. | |
| Documentation of Federal Income Tax Exemption from Internal Revenue Service (IRS) | Must submit a copy of letter from IRS if institution is private non-profit. | |
| Documentation for Church Affiliated Applicant | Must submit letter from the Chairman of the Governing Board or Pastor who authorizes CACFP application, and a copy of letter for state sales tax exemption for church. | |
| Documentation of Approval to Submit Application for Public or Private Non-Profit Institution | Must submit copy of minutes of Board meeting in which CACFP application was approved (state colleges and universities are exempt from this requirement). | |
| Documentation of Financial Viability | Except for Public (Governmental) Agencies, must submit at least one of four documents identified by HS-1964C. | |
| Documentation of Management Controls for Program Accountability | Except for Public (Governmental) Agencies, must complete the Sample Form to Document Required Management Controls and return it with application. | |

Checklist Completed By: _____
Name of Institution Official

Date